

FYI – Updates -- May 2006

## The Psychosocial Outcome Severity Guide



**What is it?** -- It is intended to be guidance to the surveyor in helping to identify the severity of a deficiency in **psychosocial** terms. Severity means how “harmed” a resident has been by a deficient facility practice, and is part of determining how serious a deficiency is.

**What tag does it apply to?** -- **Any tag** for which facility noncompliance has had a negative outcome on an individual resident. *For example:*

- The facility is going to receive a citation for a resident who was restrained without a complete assessment of the medical symptoms requiring restraint. The medical record identifies **new**, negative behaviors on the part of the resident that resulted from the use of the restraint. The psychosocial outcome severity guide will assist the surveyor in determining at where to place the deficiency at F221 on the severity (harm) portion of the grid.
- The facility is going to receive a citation for incontinence management, for failure to keep to a toileting schedule planned for a resident. The resident expresses feelings of embarrassment about her incontinence to the surveyor. The psychosocial outcome severity guide will assist the surveyor in determining where to place the deficiency at F315 on the severity (harm) portion of the grid.
- The facility is going to receive a citation under social services for failure to provide follow up services to a resident who has been subjected to verbal abuse from staff (as reported to the state survey agency). The resident is non-verbal but has become combative during care. The facility will receive deficiencies for both the provision of social services, and for failure to care plan the follow up services to the resident at F250 and F 279. The surveyor will use the psychosocial outcome severity guide to determine where to place the deficiencies on the severity (harm) portion of the grid.

**What about the resident who does not respond, cannot speak or cannot be evaluated for negative psychosocial outcome?** -- Surveyors will use the concept of “reasonable person”: How would a “reasonable person” feel as a result of this situation? This concept can be applied when the resident is unable to respond to an interview, is no longer in the facility or there is insufficient documentation by the facility to know how the person responded.

**What can a facility do to minimize negative psychosocial outcomes to residents? --**

- Thoroughly assess mood and behaviors; care plan interventions for residents who demonstrate a decline in their social patterns or demonstrate persistent moods; make sure to document patterns of individual behavior and assess the potential causes to avoid behaviors being inaccurately linked to an unrelated event.
- Develop and care plan diversional activities for residents that demonstrate maladaptive behaviors.
- Provide follow up counseling or other psychosocial interventions for any resident who has been involved in an incident that potentially impacted their psychosocial well-being: loss of significant other; change in room; abuse or altercations with other residents or staff. Care plan all interventions and make sure that the provision of psychosocial services is documented. Where an incident is assessed as having had NO impact on the resident, document it
- When developing Quality Improvement Action Plans, include responding to resident psychosocial needs that have resulted from the practice as part of a corrective action.
- Train staff to be alert to new patterns of resident behavior that may indicate a problem. When new behaviors are identified, promptly document an assessment of potential causes and address through care planning.

